



COUNTY OF LOS ANGELES – DEPARTMENT OF MENTAL HEALTH  
PROGRAM SUPPORT BUREAU  
WORKFORCE EDUCATION AND TRAINING (WET) DIVISION

LICENSURE PREPARATION PROGRAM (LPP)  
CALIFORNIA PSYCHOLOGY SUPPLEMENTAL EXAMINATION (CPSE)

The WET Division announces a limited number of slots available at a discounted rate for the MHSA WET-funded Licensure Preparation Program (LPP) to qualified public mental health staff (DMH-operated and DMH-contracted programs).

The following study package is available through the Association of Advanced Training in Behavioral Sciences (AATBS):

**AATBS CPSE Combo Package Includes:**

- 2 Comprehensive Study Volumes
- TestMASTER: 3 full-length online practice exams with 3 months access time
- Expert Phone Consultation: one-on-one assistance available with exam experts
- Live 2-Day Workshop: 16 hours of instruction covering exam content and strategies

Visit [www.aatbs.com](http://www.aatbs.com) for more details about the package.

**Retail Value: \$600      MHSA WET Participant Price: \$100**

**CPSE Workshop Date and Location**

**Date:** Saturday, May 17, 2014 – Sunday, May 18, 2014

**Time:** 9:00 am – 5:00 pm

**Location:** Embassy Suites LAX, 1440 E. Imperial Ave., El Segundo, CA 90245

**Application Deadline:** May 12, 2014, or when slots are filled. Space is limited.

**\* Attendance to the Live 2-Day Workshop is MANDATORY for all MHSA-WET Participants\***

**Eligibility:**

- Must be in good standing with current employer; no disciplinary action within the last year
- Must have successfully completed the Examination for Professional Practice in Psychology (EPPP)
- **APPROVED BY THE LICENSING BOARD AND RECEIVED THEIR ELIGIBILITY NOTICE TO TAKE THE LICENSURE EXAMINATION**
- Currently providing a minimum of 65% of their time in direct clinical services in public mental health
- Has not previously participated in the MHSA WET-funded LPP for the CPSE

**Priority will be given to clinicians who meet at least one of the following criteria:**

- If applicable, license-waivered status with employer to expire within 12 months
- Previous attempt(s) at passing the CPSE

**INSTRUCTIONS:**

1. Please **scroll down** for the application form, which must be completed and faxed to Angelica Fuentes at (213)252-8776. **In addition, please attach the necessary documentation (i.e. eligibility letter or web print out) indicating board approval to take the exam.** Applications will be accepted until **May 12, 2014**, or when capacity is reached.
2. One approved, an e-mail confirmation will be sent to participants.
3. Participants will be given a phone number to register and pay the non-refundable fee of \$100 by VISA, MasterCard or American Express to AATBS.
4. AATBS will register participants for the requested workshop and mail the study package to the address provided on the application when payment is received.

**All applications are reviewed. Submission of application does not guarantee approval.**

CONTACT: Angelica Fuentes, LCSW   E-mail: [afuentes@dmh.lacounty.gov](mailto:afuentes@dmh.lacounty.gov)



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**CALIFORNIA PSYCHOLOGY SUPPLEMENTAL EXAMINATION (CPSE)**

*Print Only*

**TITLE:** LPP California Psychology Supplemental Examination

**DATES:** Saturday, May 17, 2014 and  
Sunday, May 18, 2014

**FIRST NAME:**

**LAST NAME:**

**JOB TITLE:**

**DISCIPLINE:**

**ETHNICITY:**  
(optional)

**AGENCY:**

**PROGRAM:**

**MAILING ADDRESS FOR STUDY PACKAGE:**

**CITY:**

**STATE:**

**ZIP:**

**PHONE #:**

**E-MAIL:**  
(required for information)

**LANGUAGE(S) FLUENCY:**  
(other than English)

**Service area of employment:** 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐

**Have you previously taken the CPSE?** Yes ☐ No ☐

**Is your license-waivered agreement with your employer expiring within 12 months?** Yes ☐ No ☐

\_\_\_\_\_  
*Name of Applicant (Print)*

is currently providing a minimum of 65% of his/her time in direct clinical services in public mental health; is in good standing with his/her employer with no disciplinary action within the last 12 months; has successfully completed the required supervision hours; and is approved by the board to take the CPSE.

\_\_\_\_\_  
*Name of Applicant (Print)*

Agrees to the following terms and conditions:

- Complete the licensure preparation program by attending the mandatory workshop and participating in all the offerings of the program.
- Provide the WET Division examination results and any other information relating to employment and promotional status.
- Understands that the mandatory workshop is to be taken on his/her own time.

**The WET Division will provide participants with the registration contact information upon approval. Participants must register and pay the non-refundable discounted fee of \$100 by VISA, MasterCard or American Express.**

**Return Application to:**

**Angelica Fuentes, LCSW**  
**WET Training Coordinator**  
**Fax: (213) 252-8776**  
**E-mail: [afuentes@dmh.lacounty.gov](mailto:afuentes@dmh.lacounty.gov)**

\_\_\_\_\_  
**Signature of Applicant**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Signature of Supervisor**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Name of Supervisor**

\_\_\_\_\_  
**Supervisor's Phone #**

\_\_\_\_\_  
**Supervisor's E-mail Address**